



## Quality Reporting Program

---

### Support Contractor

#### Ambulatory Surgical Center Quality Reporting (ASCQR) Program Reconsideration Process: Calendar Year 2019

#### Presentation Transcript

##### **Moderator:**

Anita Bhatia, PhD, MPH  
Program Lead, ASCQR Program  
Centers for Medicare & Medicaid Services (CMS)

##### **Speaker:**

Reneé Parks, RN, BSN  
Project Director, ACQR Program

**November 7, 2018**

**Anita Bhatia:** Good afternoon everyone and welcome to our presentation on the Ambulatory Surgical Center Quality Reporting Reconsideration process. My name is Anita Bhatia, and I am the CMS Program Lead for both the Hospital Outpatient and Ambulatory Surgical Center Quality Reporting Programs. Recently, The Centers for Medicare and Medicaid Services, or CMS, provided notification of the Annual Payment Update determinations for the ASC Quality Reporting Program affecting Calendar Year 2019 payments. If an adverse payment determination was rendered, facilities can request from CMS a reconsideration of this decision. We understand you may have questions regarding the process for submitting such a request. We appreciate these concerns and want to supply you key information on the process, as well as, provide information on how to submit a Reconsideration request. This is your opportunity to submit a Reconsideration of any adverse payment determination and for us to be able to reconsider and potentially reverse that payment determination. When you submit your Reconsideration request, it is important to keep in mind that the Reconsideration process is designed to examine circumstances beyond the control of your facility or to examine information provided on circumstances where there may have been an error on the part of CMS, such as, data was submitted, but we state that they were not. Please be as specific as possible in your request so we can understand the circumstances being explained. We want to hear, in detail, of any, and all attempts to comply with CMS requirements, in particular, the requirement or requirements listed in your notification letter, and why your facility did not meet those requirements. Being specific means including information such as your attempts to contact the help desk or to submit data, which dates, and with whom you talked. This will help us to determine what you attempted to do in order to meet the requirements and whether CMS systems or other Federal systems or our communications might

# Ambulatory Surgery Center Quality Reporting Program

---

## Support Contractor

have adversely impacted your ability to meet requirements for the Quality Reporting Program. You'll be hearing the details from Reneé Parks today. Reneé received her Bachelor of Science Degree in Nursing from the University of Central Arkansas. She has worked in the healthcare industry for many years at various levels and has vast clinical management, healthcare policy, and administrative experience. Reneé is going to walk all of us through our process. At any time, if you have questions, please put them in the chat box. Thank you for joining us today. Now, let me hand things over to Reneé.

**Reneé Parks:** Thank you, Anita. Welcome everyone. We appreciate your time today. As Anita mentioned, the purpose of today's presentation is to provide information regarding the ASC Quality Reporting Program Reconsideration Process for Payment Year 2019. We hope that by participating in this webinar you will be able to identify and understand the requirements for the ASC Program and the Reconsideration process, how to fill out the Reconsideration form with CMS, and what to expect after you file for the Reconsideration.

There are a total of 6,432 ASC Medicare-certified eligible facilities. There are 3,416 ASCs that are not required to participate which equates to a roughly 43.7%. This may be for a number of reasons including they have less than 240 Medicare Fee-for-Service claims, they are exempt, or perhaps they are new or have since closed. Of these ASCs required to report, 2,812, or 53.1%, of the eligible facilities received their full payment update. I would like to point out here that the number of ASCs required to participate was significantly impacted by national disasters and other severe circumstances. These areas were designated by FEMA as major disaster areas. CMS, then, approved these areas for exception from reporting requirements.

For Calendar Year 2019 Payment Determination, if your facility received this notification, you did not meet at least one program requirement. These requirements include appropriate submission of Quality Data Codes, or QDCs, on measures 1 through 4, and then the claims-based measure of ASC-12, also the submission of ASC-8, or the influenza vaccination coverage measure among healthcare providers submitted via the NHSN or CDC's online data submission tool with a submission deadline of May 15, 2018. Also, submission of web-based data submitted, and that would be ASC-9 and -10 and measure ASC-11, which is voluntary, submitted through the QualityNet online submission tool. Again, these are the program requirements that must have been met in order to receive full payment.

Here is a listing of the program requirements for the 2019 Payment Determination. Please note that the requirements in place for one year affect the next year's payment. To go into a little more detail here are the program requirements. A facility must submit QDCs on a minimum of 50% of their Medicare Fee-for-Service claims. These codes are placed on the CMS-1500 or an

# Ambulatory Surgery Center Quality Reporting Program

---

## Support Contractor

electronic data set. Then there are the web-based measures. There are two platforms, or applications, that are used for submission of these data for web-based measures. The submission of the flu vaccination measure, or ASC-8, which is submitted through the NHSN or CDC's online submission tool was due by May 15, 2018 for the flu season extending from October 1, 2017 through March 31, 2018. Submission of the web-based measures that are reported through the secure portal through QualityNet are ASC-9, ASC-10, and ASC-11. These were due by May 15, 2018 for the encounter period of January 1, 2017 through December 31, 2017. As a reminder, the submission of these data for ASC-11 is voluntary. If you did not submit data for this measure, it would not impact your Annual Payment Update. The ASC-12 measure is a claims-based measure, and this information is extracted from Medicare claims that meet the measure criteria for claims. So, this does not require manual abstraction on the part of the facility. These claims are for services furnished between January 1, 2017 through December 31, 2017.

Payment determination notification letters were mailed on September the 28, 2018 via Federal Express delivery to the ASCs that did not meet program requirements. Request for Reconsideration must be received by CMS on or before March 18, 2019. So, now let's go through the actual process of submitting a Reconsideration request.

An overview of the Reconsideration process, including the Reconsideration request form, can be found on the CMS QualityNet website at [www.qualitynet.org](http://www.qualitynet.org) or by the direct link provided on this slide.

To access resources related to the Annual Payment Update Reconsideration process, from the homepage of QualityNet select the Ambulatory Surgical Center icon circled here in red. From the dropdown menu select the ASC Quality Reporting Program link next to the red arrow.

This will take you to the Reconsideration Overview page. From here you will again select the APU Reconsideration icon circled here in red, and then click on the underlined Ambulatory Surgical Center Quality Reporting Reconsideration Process icon at the bottom of the page. That will provide you with the information regarding the form and resources to assist you in filing for Reconsideration.

If you choose to request a Reconsideration of this decision, you must submit the request to the ASC Quality Reporting Support Contractor on or before March 18, 2019. According to the regulations governing the program, the deadline is actually March 17, but the date falls on the weekend, or a Sunday, so the deadline will revert to the following Monday, which is March 18. We strongly encourage you to not wait until the last day in which to submit your request. When submitting your request for Reconsideration, it is extremely important to ensure you have filled this form out completely and accurately. All fields that contain an asterisk are mandatory. If you are not typing in and sending via the Secure File

# Ambulatory Surgery Center Quality Reporting Program

---

## Support Contractor

Transfer or are writing out a handwritten document, please ensure legibility. It is important because we will send you notifications based on the contact information supplied in the Reconsideration request form. You must, in this form, identify and provide CMS the identified reasons why your facility did not meet the APU requirement. This reason was provided in the notification letter the facility received.

Include on the form specific reasons which you feel your facility met the program requirements and should receive and why they should receive full Annual Payment Update. Please keep in mind that staffing issues are not considered beyond the control of a facility, and so this is not considered a valid reason for a Reconsideration request. There are always staff changes, and these are inherent with any practice. It is the ASCs responsibility to ensure the appropriate and timely reporting is carried out and there is sufficient staff to do so. Please keep this in mind when considering your decision in pursuing the Reconsideration process. When you submit your Reconsideration request, please be specific. As Anita stated earlier, complete as much as possible in as much detail as possible. We want to hear your attempts as to why you feel you were unable to comply with the CMS requirements. Again, please be as detailed and specific as possible. This means, to supply issues for your attempts to be able to contact the help desk, trying to submit data, on what dates those attempts were completed, and with whom you spoke with. This will help CMS in determining what you attempted to do in order to be able to comply with the requirements, as well as, respect to whether or not there was a CMS system outage or communications that may have adversely impacted your ability to comply with the requirements.

So, let's review how to submit your request. There are three methods in which you can submit a Reconsideration form. The first is the Secure File Transfer by selecting the APU Group. This is an online automated form that does not allow for attachments. With the documentation you provide you would need to clearly state the case for your facility. You may elect to go through the secure fax which is at 877-789-4443, and, again, this is a secure fax line. The email address is secure as well, and that is [grsupport@hcqis.org](mailto:grsupport@hcqis.org). Provide any and all documentation that supports your request such as emails, phone calls, ticket numbers, screen shots, dates and times with whom these communications were with. Be as detailed as possible and provide supplemental documentation to substantiate your position. Again, this form and all supporting documentation, regardless of which method you choose, must be received on or before March 18, 2019. Again, we strongly urge you to not wait until the last day of the deadline in which to submit your request.

CMS will send an email acknowledgement to the designated contact on the form. So, again, it is very important that it is legible for the contact information, the email address is valid and has a valid domain, as well as, phone numbers, the best phone number to reach that particular individual in case we received a bounce-

# Ambulatory Surgery Center Quality Reporting Program

---

## Support Contractor

back once the email notification is submitted. Also, the reason for not waiting until the last day is we have had this occur in the past where a facility thought that they had submitted a Reconsideration request on time and by the deadline, followed up a week or so later because they did not receive an email confirmation, only to find out in the fax number they had transposed the numbers, and we had never received that fax or the Reconsideration request form. So, that put the facility after the deadline, and it could not be accepted.

Once CMS has evaluated all submitted information regarding a facility's Reconsideration the decision is final. CMS will also provide a formal response to the designated contact using the contact information provided in the Reconsideration form once CMS renders a decision. CMS expects the process to be completed within 90 days following the March 17 deadline and will notify you as such. Remember, this notification will occur around June 18, 2019. As stated earlier, this is your opportunity for those initial decisions that were made for you to file your Reconsideration request. Make certain that they are in before the deadline so that you have the opportunity as this is the final decision process for ASCs. Once CMS makes a final decision on the Reconsideration, it is considered final. Statutorily, ASCs are not allowed judicial review of payment decisions, so there will be no appeals of any final ASC Quality Reporting Program payment determination.

These slides and a transcript of today's presentation, as well as all questions and answers, will be on our website shortly. Please reach out to the call center with any questions you may have. They are always willing to assist you, and that number again is 866-800-8756. I would anticipate that many of you are familiar with this number for calling in with any questions prior to this webinar. Again, they will be happy to assist you and walk you through the process. There is also, located on the [qualityreportingcenter.com](http://qualityreportingcenter.com) website, a 4 ½ minute video tutorial that walks you through the actual form for submitting a Reconsideration request and what fields must be filled in for you as well. You can submit your questions through the QualityNet Q and A Tool. And with that, this will conclude our presentation for today. Thank you.